

18379 U.S.PTO
111803**UTILITY APPLICATION**

Attorney Docket No.: GVANS.001C1

First Named Inventor: VanSkiver, Greg J.

Title: HINGED THERAPEUTIC MOUTHPIECE

Express Mail Label No.:

Direct all correspondence to Customer No.: 20995

Date: November 18, 2003

Page 1 of 2

22388 U.S.PTO
10/7/15994**Mail Stop Patent Application**

United States Patent and Trademark Office
 PO Box 1450
 Alexandria, VA 22313-1450

The following enclosures are transmitted herewith to be filed in the patent application of:

Inventor(s):

1. VanSkiver, Greg J. 2. VanSkiver, Roxanne R

APPLICATION ELEMENTS:

(X) Specification in 20 pages.

(X) Application Data Sheet.

(X) Information Disclosure Statement.

(X) Drawing in 3 sheets.

(X) Declaration by Inventors in pages.

- Copy from parent application
- Incorporation by Reference. The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied, is considered a part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
- Examiner in prior application: Johnson III, Henry M.
- Group Art Unit of prior application: 3739

OTHER APPLICATION PARTS:

(X) Return prepaid postcard.

FILING FEES:

The present application qualifies for small entity status under 37 C.F.R. § 1.27. The fees are calculated below:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Basic Utility		2001(\$385)		\$385
Non-English Spec.		1053(\$130)		\$0
Recordation Fee		8021(\$40)	0 x 40 =	\$0
Excess Claims > 20	20 - 20 = 0	2202(\$9)	0 x 9 =	\$0
Independent > 3	5 - 3 = 2	2201(\$43)	2 x 43 =	\$86
Multiple Claim		2203(\$145)		\$0
			TOTAL FEE DUE	\$471

(X) A check in the amount of \$471 to cover the Total Fee Due is enclosed.

UTILITY APPLICATION

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The Commissioner is hereby authorized to charge any additional fees which may be required, now or in the future, or credit any overpayment to Account No. 11-1410.



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111703

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MAIL STOP PATENT APPLICATION

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CERTIFICATE OF MAILING BY "EXPRESS MAIL"

Attorney Docket No. : GVANS.001C1

Applicant(s) : VanSkiver, et al.

For : HINGED THERAPEUTIC MOUTHPIECE

Attorney : Rose M. Thiessen

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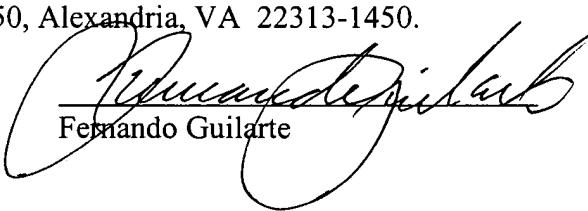
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I hereby certify that the accompanying

Transmittal letter; specification in 20 pages; 3 sheets of drawings; **SIGNED copy** of Declaration and Power of Attorney; Application Data Sheet; Information Disclosure Statement, PTO Form 1449 with references; Check(s) for Filing Fee(s); Return Prepaid Postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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